

<i>SERFF Tracking Number:</i>	<i>AOIC-125504816</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WCP-AR-99-02/26/2008-27321</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WCP/27321</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: AOIC-125504816

State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WCP-AR-99-02/26/2008-27321

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Claudia Stewart, Sarah Franklin

Disposition Date: 02/25/2008

Date Submitted: 02/25/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WCP

Status of Filing in Domicile: Authorized

Project Number: 27321

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/25/2008

State Status Changed: 02/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

21. Filing [This area should be similar to the body of a cover letter and is free-form text]

FORM FILING: See Attached List

Submitted for your approval is the attached list of forms. We desire to use these forms policies effective on or after March 27, 2008. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

SERFF Tracking Number:	AOIC-125504816	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WCP-AR-99-02/26/2008-27321		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	WCP/27321		

GARY M. MANDLEY, CPCU, MANAGER
 WORKERS COMPENSATION & UNDERWRITING FIELD
 MANDLEY.GARY@AOINS.COM (emails without attachments)
 commlinesund@aoins.net (emails with attachments)
 517-323-8794 Ext. 8794
 Underwriter:
 NIKI CONWAY
 CONWAY.NIKI@AOINS.COM
 (517) 703-2403

Company and Contact

Filing Contact Information

Gary Mandley, Manager	mandley.gary@aoins.com
PO Box 30660	(800) 346-0346 [Phone]
Lansing, MI 48909-8160	(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

<i>SERFF Tracking Number:</i>	<i>AOIC-125504816</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>WCP/27321</i>		
Retaliatory?	No		
Fee Explanation:	\$50 per filing		
Per Company:	No		

<i>SERFF Tracking Number:</i>	<i>AOIC-125504816</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WCP/27321</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	02/25/2008	18133083
Owners Insurance Company	\$0.00	02/25/2008	

<i>SERFF Tracking Number:</i>	<i>AOIC-125504816</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WCP/27321</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/25/2008	02/25/2008

SERFF Tracking Number:	AOIC-125504816	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WCP-AR-99-02/26/2008-27321		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	WCP/27321		

Disposition

Disposition Date: 02/25/2008
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>AOIC-125504816</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WCP/27321</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Terrorism Form	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes

SERFF Tracking Number:	AOIC-125504816	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WCP-AR-99-02/26/2008-27321		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	WCP/27321		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	27321	01-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.0027321 Previous Filing #:		27321 _1-08_.pdf
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	27322	01-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.0027322 Previous Filing #:		27322 01-08.pdf

Workers Compensation and Employers Liability

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

WC 00 01 13 A

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured Loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

WC 00 04 21 B

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Domestic Terrorism:** All acts of terrorism, certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses are in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.
- **Catastrophic Industrial Accident:** Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

Schedule

Payroll

Rate

Premium

SHOWN IN ITEM 4 OF THE INFORMATION PAGE

<i>SERFF Tracking Number:</i>	<i>AOIC-125504816</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WCP-AR-99-02/26/2008-27321</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WCP/27321</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AOIC-125504816	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WCP-AR-99-02/26/2008-27321		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	WCP/27321		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	02/25/2008
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Comments:

Attachments:

27321 NAIC 1.pdf

27321 NAIC 2.pdf

Satisfied -Name:	Expedited Terrorism Form	Review Status:	Approved	02/25/2008
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Comments:

Attachment:

Expedited Transmittal WCP 1.pdf

Satisfied -Name:	Explanatory Memo	Review Status:	Approved	02/25/2008
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Comments:

Attachment:

27321 Exp Memo.pdf

Property & Casualty Transmittal Document (Revised 1/1/08)

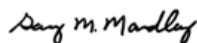
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use Only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr><td colspan="2">h. Subject Codes</td></tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
a. Date the filing is received:																					
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e. Effective date of filing:																					
New Business																					
Renewal Business																					
f. State Filing #:																					
g. SERFF Filing #:																					
h. Subject Codes																					

3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

5. Company Tracking Number WCPAR20226200827321

Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]			
6. Name and address	Telephone #s	FAX #	E-mail
Gary M. Mandley, CPCU, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-323-8794 800-346-0346 Ext. 8794	(517) 391-1903	MANDLEY.GARY@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Gary M. Mandley, CPCU

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0000 Workers' Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard Workers' Compensation
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Workers Compensation
13. Filing Type	FORM
14. Effective Dates(s) Requested	March 27, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	February 26, 2008
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	WCPAR20226200827321
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after March 27, 2008. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

GARY M. MANDLEY, CPCU, MANAGER
 WORKERS COMPENSATION & UNDERWRITING FIELD SER
 MANDLEY.GARY@AOINS.COM (emails without attachments)
 commlinesund@aoins.net (emails with attachments)
 517-323-8794 Ext. 8794

Underwriter:

NIKI CONWAY
 CONWAY.NIKI@AOINS.COM
 (517) 703-2403

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Sary M. Madley

Signature

Print Name:

Title:

**AUTO-OWNERS INSURANCE COMPANY
FORMS AND ENDORSEMENTS
STATE OF ARKANSAS**

Form Number	Edition Date	Replaced Edition Date	Form Name
27321	(01-08)	27321 (01-06)	Terrorism Risk Insurance Program Reauthorization Act Endorsement
USE	This endorsement addresses requirements of the terrorism risk insurance act of 2002 as amended and extended by the terrorism risk insurance act of 2005.		
CHANGE	Update to come into compliance with new terrorism law.		
27322	(01-08)	27322 (01-06)	Terrorism Risk Insurance Program Reauthorization Act Endorsement
USE	Used to notify the insured that a premium charge is being applied to cover the losses that may occur in the event of Domestic Terrorism, Earthquakes, and/or a Catastrophic Industrial Accident.		
CHANGE	Update to come into compliance with new terrorism law.		